

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 198-2006
SOC REPORTS 4
COMP. STATUS - SNC MNC (IN)

TRPT-SOCR - Statement of
Compliance Report
Insp - Broward Co - C Bittle



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 18, 2007

Mr. Paul Finkelstein
Egle Valet Cleaners
10675 Northwest 83rd Court
Parkland, Florida 33076

Re: Facility No.: 0112423-003

Dear Mr. Finkelstein:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 12, 2007.

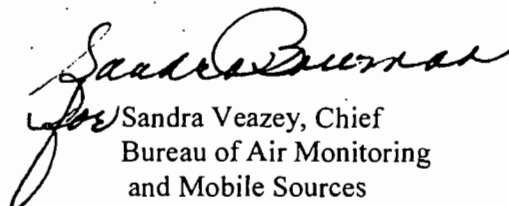
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

RECEIVED
MAR 12 2007

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Division of Air
& Mobile Sources

MAR 12 2007

RECEIVED

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	P & L FINKELSTEIN INC
2. Site Name (For example, plant name or number):	EGLE VALET CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD982145567
4. Facility Location: Street Address:	9769 WEST SAMPLE RD
City:	CORAL SPRINGS
County:	BROWARD
Zip Code:	33065
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112423-003

Responsible Official

6. Name and Title of Responsible Official: Name:	PAUL FINKELSTEIN	Title:	PRES
7. Responsible Official Mailing Address: Organization/Firm:	10675 NW 83RD CT.		
Street Address:	10675 NW 83RD CT.		
City:	PARKLAND	County:	BROWARD
Zip Code:	33076		
8. Responsible Official Telephone Number: Telephone:	(954) 290 7968	Fax:	(954) 752 6698

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address:	
City:	County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () -	Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
08-Dec-91	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

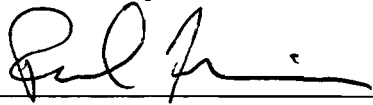
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

PAUL FINKELSTEIN
Print name of responsible official


Signature

3/8/07
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

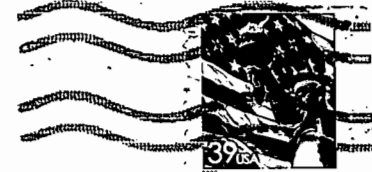
Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

P&L Finkelstein Inc.
D.B.A. Egle Valet Cleaners
10675 NW 83rd Ct.
Parkland, FL 33076

SOUTH FLORIDA PDC

FL 330 3 T
08 MAR 2007 PM



ATTN:
DICK DIBBLE

GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES, M55510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD
TALLAHASSEE FL 32399-2400

32399+2400



February 28, 2007

Ref.: Transfer of Ownership

- AIRS ID# 0112423, P & L FINKELSTEIN INC .d.b.a. EGLE VALET CLEANERS, 9769 W SAMPLE ROAD, CORAL SPRINGS, FL 33065

Dear Mr. Paul Finkelstein,

It was a pleasure to speak with you today regarding your Perchloroethylene Dry Cleaner Air General permit and the renewal process.

As we discussed, the Air General permit is **not** transferable upon a change of ownership. It is customary that the previous owner notify us when a change of ownership is imminent. At the same time it is his/her responsibility to inform the new owner of his/her responsibility to submit a new registration form at least thirty (30) days prior to the sale.

Enclosed you will find the Perchloroethylene Dry Cleaner Air General Permit registration form which I have labeled with the AIRS ID number specific to your facility. If you are the Responsible Official, please complete the form, print your name, sign your name and date the last page of the form. The form itself begins on page 14 and ends on page 17. Pages 1-13 provide an overview of the rule, and pages 18 thru 19 provide directions for completing the form.

Mail the **original**, signed and completed Part III of this form as soon as possible to:

Attn: Dick Dibble
General Permits Section
Bureau of Air Monitoring and Mobile Sources, **MS 5510**
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Please keep a copy of the form for your records in the event your facility is visited by an inspector. From the date your form is received, your application will proceed thru a 30 day review period. Please fill out the form completely and according to the characteristics of your facility. Please don't forget to sign and date the form.

DO NOT SEND MONEY! We have already received your annual fee for the Year 2006, and it has been credited to your account.

Thank you for your prompt attention in this matter.

Sincerely,

Dickson E. Dibble

Dickson E. Dibble
FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

February 28, 2007

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Bureau of Air Monitoring and Mobile Sources, **MS 5510**
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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Dickson E. Dibble

Dickson E. Dibble
FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389326

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. ✓

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

DEC 10 99

Do NOT Remove Label

AIRS ID # 0112423

EGLE VALET CLEANERS
 JOHN CALVINO SR
 9769 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065

FOR GOVERNMENT-USE ONLY
 Org.: 37550701000 EQ: B1
 Fund: 20-2-035001
 Obj.: 002279

Bureau of
& Modern
Initiating

DEC 1 1999

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359479

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM
FEB-4 99

Do NOT Remove Label

AIRS ID # 0112423

EGLE VALET CLEANERS
JOHN CALVINO SR
9769 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400902

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
12-26-00
DEC 29 2000
Bureau of Air Monitoring
& Mobile Sources
RECEIVED
MAIL ROOM
DEC 26 00

Do NOT Remove Label

AIRS ID # 0112423

EGLE VALET CLEANERS
JOHN CALVINO SR
9769 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

EGLÉ VALET CLEANERS
9769 W. SAMMIE RD.
CORAL SPRINGS, FL. 33065



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070